

## Statement of Deficiencies

### 8815-B,C: Governing Body

Not Met

#### Findings/Corrections

8815 C. 4. The governing body of the Provider failed to review and approve the Provider's annual budget.

8815 C. 6. The governing body of the Provider failed to annually review, in consultation with the administrator, written policies concerning the provider's philosophy, goals, current services, personnel practices, job descriptions and fiscal management.

8815 C. 7. The governing body of the Provider failed to annually evaluate the administrator's performance.

### 8815-D: Jurisdictional Approvals

Not Met

#### Findings/Corrections

8815 D. 3. The Provider failed to secure an Office of State Fire Marshal approval. The State Fire Marshal inspected on 12/15/04. The report states that the facility is not acceptable for licensure.

8815 D. 4. The Provider failed to secure a city fire department approval.

### 8817-A: Administrative File

Not Met

#### Findings/Corrections

8817 A. 7. The Provider's administrative file failed to include a current comprehensive general business insurance policy or policies in an amount adequate to cover all foreseeable occurrences, personal or professional negligence, malpractice or misconduct by facility owners or employees, injuries received by any resident while being transported by facility staff or third-party contractors, and injuries sustained by any resident while in the facility without limitations or exclusions of any kind.

The provider has a general liability insurance policy but the policy excludes personal or professional negligence and malpractice or misconduct by facility owners or employees.

### 8817-G: Annual Training

Not Met

#### Findings/Corrections

8817 G. 1. The Provider failed to ensure that each direct care worker, [all staff ], participated in in-service training each year.

8817 G. 2. (a.-g.) The Provider failed to document that direct care staff, [all staff ], received training on an annual basis in:

- a) facility's policies and procedures;
- b) emergency and evacuation procedures;
- c) resident's rights;
- d) procedures and legal requirements concerning the reporting of abuse and critical incidents;
- e) resident care services (ADLs and IADLS);
- f) infection control to include blood borne pathogens;
- g) any specialized training to meet residents' needs.

8817 G. 3. Direct care staff, [all staff ], failed to have documentation of current certification in first aid.

8817 G. 4. The director failed to participate annually in at least 12 hours of continuing education in the field of geriatrics, assisted living concepts, specialized training in the population served and/or supervisory/management techniques.

8817 G. 5. An employee, [all staff ], failed to sign a statement of understanding certifying that annual training had occurred.

### 8817-I: Personnel Files

Not Met

#### Findings/Corrections

8817 I. 1. (a.b.c.e.f.g.h.) The Provider failed to maintain a personnel record for each employee identified below that included:

- a. the application for employment and/or resume of education, training, and experiences, [all staff ];
- b. a criminal history check, prior to an offer of employment, in accordance with state law, [all staff ];
- c. evidence of applicable professional credentials/certifications according to state law, [all staff ];
- e. documentation of three reference checks, [all staff ];
- f. annual performance evaluation, [ all staff];
- g. employee's hire and termination dates, [all staff ];
- h. documentation of orientation and annual training[all staff ].

NOTE - No employee files were available for review.

## ***Statement of Deficiencies***

### **8817-J: Resident's Records**

**Not Met**

#### **Findings/Corrections**

**Incomplete Records, Resident Information - 8817 J. 2. (a.-o.)**8817 J. 2. (a.-o.) Each resident's record failed to include:  
n. incident reports.